



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R4/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name <i>Maggie Lewis</i>			2. Committee Telephone Number <i>(317) 917-9263</i>	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <i>4235 Trace Edge Rd.</i>				
4. City <i>Indianapolis</i>	State <i>IN</i>	ZIP Code <i>46254</i>	5. Party Affiliation or If Independent Candidate <i>Democrat</i>	
6. Office Sought (include district number, if any. Not required for exploratory committee.) <i>City County Council</i>			7. County of Residence <i>Martin</i>	
8. Reporting Period: From: <i>10-6-15</i> Through: <i>11-3-15</i>				

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

Classification	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <small>(street number, city, state, ZIP code)</small>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
<i>Corp</i>	1. <i>Flaherty + Collins Properties 8900 Keystone Crossing, Suite Indianapolis, IN 46240 1200</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	<i>\$ 1500</i>	<i>P. Okefor 10-23-15</i>
	Contributor's Occupation (if applicable)			
	2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
	Contributor's Occupation (if applicable)			
	3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
	Contributor's Occupation (if applicable)			

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <i>Peter Okefor</i>	Title <i>Treasurer</i>	Date (MM-DD-YY) <i>10-26-15</i>
Signature of Candidate (if applicable) <i>Maggie Lewis</i>		Date (MM-DD-YY) <i>10-26-15</i>

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

FOR OFFICE USE ONLY

FILED

OCT 26 2015

Myla A. Eldridge